

THE  
FIFTY-FIFTH ANNUAL REPORT  
OF THE  
OFFICERS  
OF THE  
RETREAT FOR THE INSANE,  
AT  
HARTFORD, CONN.,  
*April, 1879.*



HARTFORD, CONN.:  
PRESS OF THE CASE, LOCKWOOD & BRAINARD COMPANY.  
1879.  
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OFFICERS  
OF THE  
RETREAT FOR THE INSANE,  
FOR THE YEAR 1879.

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WILLIAM R. CONE, *President.*  
CALVIN DAY, *Vice-President.*  
THOMAS SISSON, *Treasurer.*  
WM. F. TUTTLE, *Auditor.*  
JONATHAN B. BUNCE, *Secretary.*

DIRECTORS CHOSEN AT THE ANNUAL MEETING.

CALVIN DAY,  
HORATIO E. DAY,  
SAMUEL S. WARD,  
GURDON W. RUSSELL,  
E. K. HUNT,  
JAMES L. HOWARD,  
THOMAS BELKNAP,  
THOMAS SMITH,  
GEORGE P. BISSELL,  
MARK HOWARD,

J. B. BUNCE,  
G. M. BARTHOLOMEW,  
F. B. COOLEY,  
CHARLES M. BEACH,  
GEORGE W. MOORE,  
NATHANIEL SHIPMAN,  
THOMAS SISSON,  
J. C. JACKSON,  
JOS. R. HAWLEY,  
WM. F. TUTTLE.

MANAGERS.

WILLIAM R. CONE, *Ætna Bank.*  
CALVIN DAY, *73 Asylum Street.*  
GURDON W. RUSSELL, *490 Main Street.*

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HENRY P. STEARNS, M. D., *Physician and Superintendent.*  
CHARLES W. PAGE, M. D., *Assistant Physician.*  
G. B. PACKARD, M. D., *Junior Assistant Physician.*  
REV. WM. THOMPSON, D. D., *Chaplain.*  
REV. GEO. E. SANBORNE, *Steward.*  
MRS. GEO. E. SANBORNE, *Matron.*  
MISS HARRIET E. BACON, *Supervisor.*  
J. M. EVANS, *Clerk.*

## VISITING COMMITTEE.

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### DIRECTORS.

1879.	June, Messrs.	SHIPMAN, BUNCE, HAWLEY, BEACH.
	July, "	H. E. DAY, SISSON, J. L. HOWARD, JACKSON.
	Aug., "	SMITH, BISSELL, M. HOWARD, MOORE.
	Sept., "	COOLEY, BELKNAP, BARTHOLOMEW, WARD.
	Oct., "	SHIPMAN, BUNCE, HAWLEY, BEACH.
	Nov., "	H. E. DAY, SISSON, J. L. HOWARD, TUTTLE.
	Dec., "	SMITH, BISSELL, M. HOWARD, MOORE.
1880.	Jan., "	JACKSON BELKNAP, BARTHOLOMEW, WARD.
	Feb., "	SHIPMAN, BUNCE, HAWLEY, BEACH.
	March, "	H. E. DAY, SISSON, J. L. HOWARD, COOLEY.
	April, "	SMITH, BISSELL, M. HOWARD, MOORE, TUTTLE.
	May, "	JACKSON, BELKNAP, BARTHOLOMEW, WARD.

### MEDICAL VISITORS.

E. K. HUNT, M. D.,	HENRY M. KNIGHT, M. D.,
GURDON W. RUSSELL, M. D.,	LEWIS WILLIAMS, M. D.,
P. M. HASTINGS, M. D.,	FRANCIS BACON, M. D.

### VISITING COMMITTEE OF LADIES.

Mrs. WM. R. CONE,	Mrs. THOMAS SMITH,
Mrs. CALVIN DAY,	Mrs. P. M. HASTINGS,
Mrs. F. B. COOLEY,	Mrs. THOMAS SISSON,
	Mrs. J. H. SPRAGUE.

# THE FIFTY-FIFTH REPORT

OF THE

## BOARD OF MANAGERS

TO THE

BOARD OF DIRECTORS OF THE RETREAT FOR THE INSANE,

*APRIL, 1879.*

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THE Board of Managers in submitting their annual report do it with some embarrassment, for the reason that the financial results of the year can hardly be said to be satisfactory, as compared with former years. The comforts, conveniencies, and luxuries, in respect to furniture and room accommodations and table supplies, facilities for reading and amusements, have been fully kept up to the standard of the last eight or ten years; a standard equal to a first-class hotel or boarding-house. This, the class of patients chiefly accommodated at the Retreat, require, and nothing short would be satisfactory to them or their friends. The cost to the Retreat for these supplies during the year now closed has not been much less than in preceding years, while the average price paid by patients has been materially lower than heretofore, and hence our income, while it has been sufficient to meet the demands upon us, has not justified us in making improvements which are greatly needed.

During the last year, beside completing the grading of the grounds on Washington street, the Board have found it necessary to purchase an outfit of carriages and harnesses, as those owned

by the Retreat had become so worn and dilapidated that some of our patients had an aversion to riding in them. Also, it became necessary to erect a new chimney and make other alterations in our steam-heating, which entailed an expense of about twelve hundred dollars and has resulted in giving us a greater supply of steam and at a very satisfactory reduction in the cost of heating the institution. Also, a large expense had to be incurred in the erection of a new fence along the entire south line of the Retreat grounds, and in restoring the fences on the north and west portion of the farm, which were destroyed by the high winds of the last fall. These extra, added to our ordinary expenses, have left but a small surplus to be expended in greatly-needed improvements in our kitchen and in the erection of suitable north and south connections, provided for in our original plans for reconstruction, and which for the last ten years it has been the purpose of the Retreat to undertake so soon as its finances would justify it.

In view of the urgent necessity of completing the improvements so long contemplated, and the extremely favorable time for doing the work both in respect to the price of labor and material, and also in respect to the low rate of interest at which money can be had, it is a question submitted to you whether the interests of the Retreat would not be promoted by undertaking that portion of the work which pertains to the south wing during the present season.

By reason of this falling off in prices and reduction in our income, a serious question has presented itself to the Board, viz.: whether we should not reduce the salaries of our officers and the wages of our employees. Almost every other kind of business has been forced to require such a reduction; yet this Board have as yet taken no decisive action upon the subject.

While this Board bear their testimony to the fidelity and efficiency of all the officers and employees, and would greatly regret any such necessity, the new Board may and very likely will find that the interest of the Retreat will require it, and therefore we bring the matter to the attention of the Directors. The details of

the operations of the institution, the number of patients, and the curative results realized this year, will be found embodied in the report of the Superintendent.

By order of the Board,

WILLIAM R. CONE, *Chairman.*

## REPORT OF THE MEDICAL VISITORS.

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*To the Directors of the Retreat for the Insane,*

GENTLEMEN:—With reference to our monthly inspection of the Retreat during the year past, the Board of Medical Visitors would state that their visits have generally been unexpected to the officers of the institution; that their intercourse with the patients has been free from surveillance; that ample opportunity has been afforded and careful attention paid to the complaints of patients.

Where there appeared to be any ground for complaint, they have fully investigated, and when necessary have obtained the testimony of relatives or friends of the patients. The minutes of the quarterly meetings of the Board for the year now closed show that no proper cause for complaint has, upon examination, been sustained.

They have noticed with pleasure the uniform courtesy and gentleness on the part of the officers and attendants towards the unfortunate inmates; and the general order and cleanliness always observed throughout the house has been frequently and favorably commented upon.

Respectfully,

E. K. HUNT, M.D.,  
G. W. RUSSELL, M.D.,  
P. M. HASTINGS, M.D.,  
LEWIS WILLIAMS, M.D.,  
H. M. KNIGHT, M.D.,  
FRANCIS BACON, M.D.

HARTFORD, April 10, 1879.



## REPORT OF THE SUPERINTENDENT.

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*To the Board of Directors of the Retreat for the Insane :*

GENTLEMEN—I have the honor herewith to submit the fifty-fifth annual report of the Retreat.

On the 31st of March, 1878, the whole number in the No. of patients. Retreat was, of males, sixty-two; of females, seventy; total, one hundred and thirty-two.

The admissions during the year have been, of males, Admissions. thirty-three; of females, forty-five; total, seventy-eight.

The discharges have been, of males, thirty-four; of Discharges. females, forty-two; total, seventy-six.

The deaths during the same period have been, of males, Deaths. twelve; of females, six; total, eighteen.

The whole number under treatment during the year Whole No. has been, of males, ninety-three; of females, one hundred and seventeen; total, two hundred and ten.

The number in the Retreat on the 31st of March, 1879, Present No. is, of males, fifty-nine; of females, seventy-four; total, one hundred and thirty-four.

In forty-seven of the admissions, it was stated there had Admissions. been no previous attack; while in the remainder there had been one or more, and in eleven it was not known how many. In fifty-one cases, insanity was said to have existed less than one year, though in several of these there could be little doubt that the first indications antedated that period several months. Twenty-nine of the admissions were above fifty years of age, five above seventy, and two only under twenty. Twenty-seven were single, forty-three married, and eight widowed.

Among those admitted was one to whom I wish to refer in a few lines. He was a native of Sweden, about forty years of age. One year previous to his admission he had injured his head by a fall. After the injury he was said to have had epileptiforme fits, on several occasions and for some weeks prior had become suspicious, and affected with delusions. He was one of the most powerfully built and muscular men I have ever seen, and soon after he came began to be suspicious towards the attendants on the hall where he was placed. The attendants were both men of long experience, very judicious, and thought there would be no difficulty in getting along with him. He soon showed antipathy also towards one or two of the patients, and one morning sent them out of the bath-room very unceremoniously on meeting them there, but without doing them injury. On the same afternoon one of the attendants went into his room, the door being open, and as he passed near, was knocked to the floor as easily as if he had been a four-year-old child. As the patient did not speak English readily, and was somewhat excited, it was not understood why he had struck the attendant, but both attendants were cautioned to be exceedingly careful in all intercourse with him. He seemed quiet the most of the next day, but in the afternoon, when the other attendant went into his room, he struck at his head a violent blow, which was evaded. He then grappled with the attendant, who at once called for the other, and after a violent and protracted scuffle, the man was secured. During this altercation he used all effort to grasp some portion of the body, and succeeded in getting hold of the thigh of one attendant so firmly as to almost tear out the tissues. He was finally secured, and wristlets placed on his arms. During the next few days there were intervals when he was quiet and would answer questions rationally, but at other times, while under excitement, one of his aims, so far as he had any,

was to injure those about him, and whenever he succeeded in getting his hand on any portion of the body the marks remained for days. It appeared to me entirely unwarrantable not to use mechanical restraint in this case, as there existed the largest danger he would mutilate those who had the care of him. He could have been mastered by three or four persons, and his room cleaned and his food served daily, but in the necessary contests it was almost certain that either he or others would have been greatly injured, and I therefore felt I was doing the most humane thing to avoid either, by mechanical means. At this writing he is becoming less excited, but his history and condition is such I have no doubt there exists some definite lesion of the brain. This is one of those well-marked cases in which I think mechanical restraint not only justifiable, but its non-use highly unjustifiable.

What was said last year in reference to number of admissions may be repeated this year. The number we may be able to receive depends upon the removals, and upon the number of those with us who may require more than one room. We have been obliged during the year to refuse many applications for lack of room. Four years ago I suggested the erection, at some future time, of a cottage upon the grounds which would provide for a family of four or six persons; but our needs in other directions have been so large that, though I believe the plan met with your approval, nothing has hitherto been done in relation to its execution. Perhaps I ought to add to what I then said, that this plan of provision for a class of the insane is not in the interest of economy of either money or labor. The expense and care of such a number of persons would be considerably greater than that of the usual provision, and the chief recommendation in its favor would be its greater acceptance with some who hesitate to place their friends in an asylum as large as the Retreat

now is. In view, however, of the demand for accommodation, I would renew a former suggestion, somewhat modified, as to building in between our third and fourth halls.

I herewith subjoin a table exhibiting the forms of disease in those admitted:

	Males.	Females.	Total.
Congenital Insanity.....	..	2	2
Puerperal Insanity.....	..	3	3
Climacteric Insanity.....	1	8	9
Post-febrile Insanity.....	..	2	2
Syphilitic Insanity.....	..	1	1
Epileptic Insanity.....	..	1	1
Senile Insanity.....	4	2	6
Insanity of Adolescence.....	1	2	3
Insanity of Alcoholism.....	3	2	5
Idiopathic Insanity.....	16	7	23
Traumatic Insanity.....	2	1	3
Unknown....	6	14	20
	33	45	78

#### Recoveries.

There have been twenty-five recoveries during the year. Of these, fifteen had no previous recovery record; four had had one, three had had two, and one seven, one eight, and one eleven.

#### Deaths.

There have been eighteen deaths during the year, three more than last year, and making a per cent. of 8.4. This is the largest which has occurred since my connection with the Retreat, and is due to the large number of old persons present. During the last ten years there have occurred twenty-two deaths in persons of seventy years and upwards, and one-third of the number has been during the last year. Two deaths were from general paresis, one from organic brain disease, one from apoplexy, one from meningitis, three from paralysis, three from senile decay, two from phthisis, two from acute maniacal exhaustion, two from chronic maniacal exhaustion, and one from uremia. The person dying from uremia had been affected during about twenty years with well-marked folie circulaire, the periods of excitement and depression occurring with much regularity in summer and winter, and though seventy-seven years of age, he had been in very vigorous

physical health, and able to walk many miles in a day whenever he was in an excited condition.

The improvements during the past year, though some-Improvements, what less than in the previous year, yet have been considerable. The grounds on the west side have been properly graded and a large number of trees planted on them, so that they present a pleasant prospect both from the windows of the Retreat and from the street. The old chimney has never been large enough to afford a good draft, its capacity being only two-thirds that of the boiler-flues. To remedy this, it has been necessary to build a new one. This is eighty-five feet in height, with circular flue three and a half feet in diameter, and in all respects has been built in the most substantial manner. Automatic steam-dampers have also been placed upon each of the boilers, and the improvement has been marked both in the matter of economy and in the management of the fires.

An addition thirty feet in length has been placed to the barn, so that it now affords all needed room. Flagging and curb have been laid about the drive-way on the west side of the institution, new fences on the south side of the grounds, and on the north and west side of the farm grounds. The roofs of our new buildings have now been completed by covering the ridges with terra cotta of very excellent quality, made in New Jersey. The steam-pipes have been re-covered with felting and paper throughout the buildings; the wood-work in the basement painted, and the walls whitewashed. A new carriage for the use of patients has been purchased, and six calendar clocks provided for the offices and halls.

It is now about five years since I entered upon duty as Review, Superintendent of the Retreat, and it may be opportune to refer in a few lines to what has been done during that time.

There have been admitted 440 patients. Of these there



have been discharged as recovered, 135; as much improved, 46; as improved, 41; as stationary, 110; and as having died, 65. The larger portion of the time all of our rooms have been occupied, and we have been obliged to reject many applications. In 259 of the admissions the disease was said to have existed less than one year; in the remainder, for a longer period. In 279 cases it was claimed to be the first attack, while in the remainder there had existed from two to fifteen previous ones. Sixty of the cases were more than sixty years of age, and 109 were below thirty. One hundred and sixty-two of the cases were single persons, while 270 were either married, widowed, or divorced.

Of those who have died 21 have been over 60 years of age, and 3 have been below 30. Ten have been from general paresis, and eleven from organic disease of the brain.

During these five years you have expended, beside what was necessary to the usual repairs, not far from \$60,000, obtained from bequests and otherwise, in improving the interior and exterior of the buildings, and adding such permanent improvements as were absolutely demanded for the efficient working of the institution. Some portion of this has been used in beautifying and improving the halls and refurnishing the rooms, while the remainder has been expended in the erection of a chapel, green-house, laundry, barn, coal-vaults, ice-house, carpenter's-shop, etc. And I may here take occasion to express my earnest appreciation of your ready and full coöperation in the execution of all such suggestions and measures as I have brought to your notice, from time to time, as important and essential for the best interests of the patients in the Retreat. I am sure also that your efforts to improve the Retreat and make it in all respects an attractive, home-like, and delightful place for those affected with mental disease have been highly appreciated by the public; and will become more so as they are understood.

Since my last report, it has been necessary for me to visit Europe, on account of illness in my family. When leaving home I fully intended to make my trip the occasion of visiting as many asylums for the insane as possible. As the event proved, however, I was able to visit very few. During my stay in Scotland, I embraced the opportunity to observe such changes as had occurred in a few of the institutions in that country, as well as the tendency of opinion on the question of asylum management among such superintendents as I had the pleasure of meeting.

First, I will refer to asylums. There have been two new ones erected since my visit to Scotland, five years ago. One of these, the Lenzie Asylum, near Glasgow, and designed to accommodate a portion of that large city, has accommodations for about four hundred patients. It is built of red sandstone, and constructed somewhat after the usual plan in large institutions, with a central executive building, and with receding wings of halls and corridors. These buildings are only two stories in height, and all have large day rooms on the first floor and corresponding large dormitories on the second. A beautiful chapel is connected with the wings at the central building by means of long covered corridors, with colored glass in each side, and benches for flowers. There is one grand central dining-room for all the patients directly in the rear of the central executive building, finished in native woods, stained, and with the ceiling frescoed in a very beautiful style. Of the three large asylums in Scotland, this is the only one having but two stories, and constructed with large day rooms on the first floor. It is one of the finest and most expensive institutions I have ever visited. The Superintendent expressed the regret, however, that the buildings had not been erected three stories instead of two, thereby securing accommodations for two hundred more patients at a comparatively small additional outlay.

Recent tendencies in Scotch asylums.

The Lenzie asylum.

The Midlothian  
asylum.

The other new asylum is the Midlothian one a few miles from Edinburgh, and designed to accommodate about two hundred and fifty patients. This asylum has been modeled on the plan recommended by the Commissioners in Lunacy, and is much like those at Cupar and Larbert, and is designed for pauper patients only. The main entrance is on the rear side of the institution, as is also the physician's house, which stands beside the laundry, with only a passage-way between them. On the left side of the main entrance is a small reception-room, provided with wooden settees for visitors, and beyond it the Superintendent's office; and on the right is the store-room, where the general stock of supplies is kept. This was a plain one-story building. In going from this portion to the asylum proper, we pass along a corridor by the bread-room, beer-room, and work-room, until we reach the center, where, on the first floor, was the common dining-room, to which all patients come for meals, except such as are in bed, male and female. Dinner was being served as we went in. All were marched into the room in companies by attendants, and seated on benches at the tables as closely as possible, and were helped by the attendants each to a plate of soup and one of boiled potatoes, to the number of six or eight. The soup was taken with a spoon, while the inner portion of the potatoes was eaten out of the rind while held in the fingers. They were afterwards helped to a plate of rice boiled with currants. The superintendent informed me that he was usually present at each meal, with the steward and all the attendants, "to insure fair play and see that all should have a sufficiency of food," which was served directly from the kitchen to the dining-room through a large window. On either side of the dining-room there were two large day-rooms, which were occupied by patients when they were not engaged out of doors at labor or recreation. Those who labor are engaged



seven hours a day. Adjacent to these day-rooms there are lavatories, and for the men a billiard-room, and beyond, hospital quarters for those who may be ill, and some rooms for epileptic and dirty patients. These rooms were small, and furnished with a bed and one chair. The second floor was occupied with dormitories mainly, with capacity in each for about twenty beds. There were also some single rooms for such patients as were unfit to occupy dormitories. On the male side there was a large basement room, into which the men were marched after dinner for smoking, preparatory to work in the afternoon. Here the working tools were kept, and the shoes, pipes, etc. The location of the buildings was good, the grounds were delightfully arranged, and the sanitary surroundings unexceptionable.

I have been thus particular in the description of the arrangement of rooms in this asylum, as it is the last one erected in Scotland, and is considered rather a model one for the class of patients for whom it is designed. There are no cottage buildings or cottages connected with either of the above named asylums.

I had the pleasure of frequently visiting the Royal Edinburgh Asylum at Morningside, and was much interested in the changes and improvements which were then being carried on, and have now been about completed. This is the largest asylum in Scotland, and has accommodations for about eight hundred patients. It is divided into what are termed the East and West Houses, the former for pay patients and the latter mainly for pauper patients. The East House was first erected in 1809, the West one later; the former with accommodations for about one hundred and twenty, and the latter for about seven hundred. The managers have expended in recent improvements upon the East House about fifty thousand dollars, and upon the West one hundred and twenty-five thousand, so that, with former indebtedness, the total debt of the institution is

The Royal Edinburgh Asylum.

now about two hundred and fifty thousand dollars. The Mansion of Craig House, situated about half a mile distant, with fifty acres of land adjoining the grounds of the asylum, has been purchased, and the house fitted up for a mild class of high-priced patients. The house, or a part of it, dates back some three hundred and twenty-five years, and is situated upon a commanding site, amid a grove of fine trees, and approached by a beautiful avenue. It is said to have been occupied at one time by one of the four Marys who once were companions of the unfortunate Queen of Scots, who herself used to spend considerable time here. However this may be, the whirligig of time seems to have brought even stranger things, and henceforth the house and grounds are to be occupied and roamed over by those "with mind diseased." Accommodation for some ten or fifteen persons will be provided here.

Larger accommodations have been added to the east house by the erection of halls of one story, with parlors and bed-rooms on each side, and lighted from above and at the end. These have been finished in native woods and beautifully frescoed, and really present most attractive rooms. Doors open from them directly upon a landscape garden, planted with flowers and shrubs, and provided with winding walks. A dining room, large enough for some thirty persons, has been provided over one of the old corridors, with passages at the sides for flowers and plants, presenting the appearance of conservatories, and readily accessible to the inmates. The whole is painted in the most cheerful colors, and with exquisite taste.

Large changes have also been inaugurated at the west house, prominent among which are two large dining rooms, each room 90 by 42 feet, and capable of seating from three to four hundred persons. A similar change has been made at the Royal Asylum at Glasgow, in reference to dining rooms, it being claimed that great benefit is

derived from the association of large numbers of persons, who come together rarely except at the time of meals; that patients are made more cheerful, by each other's company, while at the same time they are unconsciously forming habits which will be of importance to them whenever they may again enter the world of ordinary duty and life. Several pleasant day rooms have been arranged in the upper stories of this house, and in some portions the iron guards to the windows removed, and plate glass windows have taken the place of the old ones. One-story buildings, painted in cheerful colors, are used for the epileptic and general paralytic patients. Large work shops for the use of patients have also been added to those formerly existing. The small house which was formerly used by the superintendent and his family has been fitted up with large plate-glass in the windows, and is occupied by a few high-priced patients. There is also a small house in one corner of the grounds, formerly a farm cottage, which is similarly used.

I visited the Royal Asylum at Glasgow twice. This The Royal Glasgow asylum. is under the care of Dr. Yellowlees, a former fellow student of mine, who took much interest in exhibiting the changes and improvements which have of late been introduced in this institution; but as these have all been in the same general direction as those I have referred to as having been done at Morningside, I will not attempt any description. The institution itself was erected many years ago, of brown sandstone, and I think has one of the finest exteriors of any institution for the insane I have ever seen. It provides accommodation for some five or six hundred patients.

I also visited the Crichton institution at Dumfries, which The Crichton asylum. I had not seen for more than twenty years. Great changes and improvements had been introduced here, and especially in the line of large parlors and bed-rooms for

high-priced patients. The grounds of the asylum, and I may say those of the asylums generally in Scotland, are arranged with great care and much good taste.

In summing up, then, as to the tendency of change in buildings for the insane during the last five years in Scotland, I should say that in all the large metropolitan institutions which provide for both pay and pauper patients, and which are situated near large cities, the tendency has been decidedly towards an increase in number, and improvement in the character of the accommodations, and that this has been done at a large outlay of money. I know of no institutions in this country which will compare in extravagance of exterior architectual display with the Lenzie and Royal Glasgow Asylums. I know of none in which so much expense has been incurred to provide spacious large day and dining-rooms. I know of none where so much has been expended in painting, decorating, and ornamenting the walls and ceilings of halls and large rooms. I know of none which equal them in the beauty and elegance of lawns and landscapes; and in all these directions the work is still going forward.

County  
Asylums.

In reference to asylums for the country at large, there has been no special change in the policy in existence five years ago, which was to provide for each one or two or more counties, as the need might be, an asylum to accommodate about two hundred and fifty patients. These asylums are like the Midlothian, to which I have referred already. In the erection of all these institutions, the plans of the Commissioners to secure economy and simplicity have been followed. One would almost conclude, after visiting the one I have referred to, that the aim was to make it as little attractive to the public and to all who have anything to do with the care of the insane, as possible. One fails to appreciate the reasons for placing the residence of the Superintendent within fifteen feet of the laundry and near

a brick chimney fifty feet high. It would hardly prove an agreeable pastime to look from one's windows upon a yard filled with fluttering, drying clothes. Again, I could not quite appreciate the point to be gained by introducing visitors and others to the institution by the back yard, and by the kitchen and store-rooms of the institution. These, however, may be considered as minor points in buildings designed mainly for the pauper class. They are plain and substantial structures, and appear to me admirably adapted for the purposes for which they are designed. The one at Cupar has what is termed a cottage building—a plain structure two stories in height, some sixty feet long by twenty-five or thirty feet wide, and designed to accommodate from twenty to twenty-five persons. This is occupied by such of the convalescent as may be designated by the Superintendent. I believe it is the only detached building which has been erected in connection with any of the Scotch asylums especially for patients. The houses so occupied at Morningside were houses already on the grounds, and which were formerly used for other purposes. The other asylums have no cottages, and have been erected in no respect or instance on the cottage plan.

There has been no further movement towards boarding <sup>Boarding of patients.</sup> out of patients, as at Kennoway, in villages. Indeed, the working of that plan has been such that a petition was presented by the citizens of the village and the owners of property, to the effect that those already there be removed to asylums. It is thought that in the future, to a larger degree than in the past, public sentiment will be less tolerant of the public exhibition of excentricities and abnormalities as manifested by those affected with disordered minds, and that the tendency will be strongly towards provision for all the insane in institutions used exclusively for that purpose, and by those having special qualifications for their care.



In reference to the second point, the care and management of the insane, I will say but little.

You will remember I gave in some detail in my report two years since, the plan of organization and duties of the commissioners of lunacy for Scotland, and therein expressed my appreciation of their work. This Board has not been changed in any essential respect, except in its membership by removal by death of Sir James Coxe, and by resignation of Dr. Patterson. Their places have been filled by young men, both of whom have been asylum superintendents, and who will doubtless move on in the general course pursued hitherto by the Board.

I have said elsewhere that during my former visit to the Scotch asylums I was specially impressed with the following points in their management, viz.: 1. Occupation. 2. Non-restraint (so called). 3. Personal freedom. 4. Pathological investigations. In reference to the subject of occupation for patients, my impression is that its importance has rather increased than diminished in the minds of those superintendents whom I met. Dr. Clouston, at Morningside, was specially emphatic in his statements as to its importance, and very greatly regretted that it was not practicable to apply in cases of pay-patients as well as in the non-paying class. Exercise by easy occupation was considered as specially valuable in diminishing excitement, and since its more general introduction among the insane in asylums, the use of soporifics had largely diminished.

In reference to the second point, non-restraint (so called), I presume no one would admit any change of opinion during the last five years; but I noticed a great readiness on the part of every superintendent to say that he would use mechanical restraint in certain cases. And the opinion was advanced that Dr. Bucknill, in his recent letters on the subject, had been extreme in his views and statements, at least so far as relates to Scotch asylums; that all or nearly

all superintendents would not hesitate to use mechanical restraint in extreme cases; that the principal difference between the practice in this respect of Scotch and American superintendents is as to *frequency* of use—Americans use it in many cases where the Scotch would avoid it.

In regard to the third point, *personal freedom*, there has been little change so far as I could learn, the opinion being held that much more than was formerly supposed possible was practicable, in many asylums. I did not find the system of *unlocked doors* in operation in any of the metropolitan asylums, except in a few halls. I believe it has made more progress in some asylums situated in the country.

The prevalence of *pathological investigations* in asylums, from the nature of the case must depend entirely upon the special qualifications of the superintendent and his assistants. No one, however, would think of selecting a superintendent simply because he possessed qualifications for this work. Many most valuable officers know little or nothing about the practical detail of such investigations, and less still as to practical results from them. The successor of Dr. Fraser at Cupar is much interested in them. I did not learn of their being specially prosecuted elsewhere.

I believe I have, on a former occasion, expressed my opinion as to the importance of all the above subjects. If it be worth while to say anything more, I would simply add, that it seems to me important to avoid hobbies in the care of the insane as well as in other matters—that every superintendent must be left free to work out such measures in the care and treatment of his patients as in his judgment may be best. We accord him this privilege in reference to his selections of medicines, and I know of no reason why we should not in other respects. One man may get on successfully with the use of less restraint than another. One man may grant a larger degree of freedom,

or give passes to a larger number of persons without the loss of patients than another, and the same is true in reference to the other points; and while it is right that the importance of certain lines of treatment should be advocated, and even urged, yet the largest degree of liberty should be granted in the development of individual capacities. It seems to me a great abuse of non-restraint to carry it so far as to sacrifice a patient or his attendant to the idea, or to chloroform a patient rather than use a linen waistcoat, as one officer in an English asylum told me he was in the habit of doing.

It does not seem to me wise to expect superintendents to have unlocked doors in their asylums unless they may be able to do so, and still account for their patients, without large expense in returning them to the asylum. It appears to me important to bear in mind, that the larger number of our patients have become such *while at home*, with plenty to do, and not unfrequently, because they have had so much to do; and also, while having full personal freedom to go and come when and where they desired, with unlocked doors, and surrounded by all that loving friends could do for them. And further, that, inasmuch as *change* is now and has long been considered one of the most important elements in the treatment of the insane, it *may* be of the first importance that it extend so as to affect not only the surroundings but also occupation and personal freedom.

Plan of conducting the Retreat.

As I deem it important that the public be as fully advised as possible with the detail of management in asylums, and that ignorance in this respect is the source of many erroneous views in regard to them, it may be advisable to refer in a few words to the organization you have instituted to secure the best care and treatment of those who may be placed in the Retreat.

First, you have selected and placed in charge of the



institution one who claims to have the best interest, kind treatment and recovery of the insane as deeply at heart as any others of his medical brethren. You have placed him above temptation to act except in such manner as in his judgment will prove to be for the best good of those under his care. He visits all parts of the Retreat frequently, and sees all those cases daily, who, for any reason may appear to require his personal attention. Many of these visits are made when unexpected by attendants and others. Requests or complaints can be made to him with entire freedom.

2d. There are two assistant physicians, one for each wing of the Retreat, whose duties lead them to visit all parts of the institution, from three to six times a day. They go upon the halls unexpectedly and at irregular times of day and evening.

3d. There are supervisors, one for each wing, whose duty it is to see that the attendants are kind, and faithful in the discharge of all duties pertaining to the care of the patients' rooms, and halls to which they are assigned.

4th. There are two or more attendants on each hall, containing from ten to twelve patients. These attendants are selected from a large number of applicants, and are required to produce certificates of good moral character, and regular habits of life. They have rules for their guidance in the care of patients, and are from the first instructed that the law of kindness is paramount to all other considerations; that an exhibition of any other spirit, under any provocation, will lead to dismissal at once from service. A new attendant is never placed on a hall or in charge of patients alone, or with another who has not had experience. He is, on the other hand, associated with another who has had experience, and passed through a period of education before being intrusted with such duties by himself. After an experience of some years with attendants, I feel that it is but just to say that I believe, as a rule, they are kind,

judicious, and most of them conscientious in the discharge of their duties ; that they succeed in caring for patients with much less force, and much greater tenderness, kindness, and sympathy, than would be exercised towards patients by their own relatives.

To recapitulate; the attendants who have the immediate care of patients are under the observation of supervisors, who visit at all times, and many times a day, every hall. The supervisors and attendants are under the observation of the assistant physicians who frequently, and at somewhat irregular times, visit all parts of the institution. All are under the observation and direction of a superintendent who certainly desires only the best care kindness and humanity can provide.

It may further be said that all patients and attendants are seen by the steward and matron whenever their duties may call them to the several halls. And again, visitors are permitted without announcement to visit eight out of the fourteen halls, and might visit all, except that there are generally patients in those not visited who would very likely be injured by the presence of strangers.

Further, you have appointed a Board of Medical Visitors who visit the institution every month, see and converse with all patients, and advise in reference to such complaints as may be made to them on the part of any.

The above, in connection with the advice and inspection of your own Board, constitutes the system organized for the care and treatment of patients at the Retreat. It will be perceived that it consists of a series of arrangements such that it is almost impossible that anything like unjust detention of patients, or unkindness in their treatment, should exist without detection and consequent punishment. At least, I do not know of any one at present by which you would be more likely to secure the end we all have in view. If, however, any better is known or can

be devised, it will afford your superintendent great pleasure to put it in execution.

It may be proper also to add that it is intended to conduct the Retreat as an organization of charity, in the highest sense of that term, and that it is so I may mention the fact that sixty of the patients in the Retreat at this writing are paying less than the cost of their maintenance. While it is intended to provide a full and liberal return to every one for all that is paid, and while it is expected each one will pay, if able to do so, a fair compensation, yet we are constantly receiving applications from those who are unable; and it is a source of the largest satisfaction that our income has been such that, while depending on no invested funds, we have still been able to do so much for those needing it. May the time speedily come when we may be able, through the liberality of some of our wealthy citizens, to do still more for those who suffer as no others do, and whose sufferings may be mitigated by the care and comforts to be found in a comfortable Asylum.

During the year there have been about the usual number of entertainments, and of the usual character and variety. We are under special obligations to the following named persons, who have kindly aided in this department of remedial measures of treatment.

#### DRAMATIC ENTERTAINMENTS.

Mrs. A. L. Butler, Mrs. J. G. Woodward, Mrs. Corson, Miss White, Messrs. Mason, Blake, Lamphear, and other students of Trinity College; Mr. W. E. Allen, and members of Christ church Sunday-school.

#### MUSICAL ENTERTAINMENTS.

Mrs. Mary Ives Steele and pupils, Miss Beeman, Mrs. Bronson, Mr. William Young, The Williams' Jubilee Singers.

## LECTURES.

Dr. A. M. Shew, Rev. Kinsley Twining, Rev. E. P. Parker, D.D., Rev. F. F. Emerson, Prof. Starr, and Alex. Calhoun, Esq.

Other entertainments have consisted of the exhibition of the Edison speaking Phonograph, quadrille parties, readings, private theatricals, exhibitions of pictures by the stereopticon, etc., etc.

Books, pamphlets, etc., have been contributed by Dr. J. S. Butler and Miss H. A. Bull, and W. F. Freeman, of Boston. The following papers have been sent to the Retreat, gratis, viz.: The Connecticut *Courant*, The Connecticut *Register*, *Columbian Register*, Philadelphia *Telegraph*, and the Meriden *Call and Citizen*. Miss Signora Marks, during a recent visit, gave a very enjoyable entertainment, by several recitations in a very effective manner.

Thanks.

During my absence in the summer, Dr. Page had unusual care and responsibility, and I am happy to hereby publicly express thanks to him and to Dr. Packard, Mr. and Mrs. Sanborn, Miss Bacon, and all others of my assistants, for their zeal and faithfulness in the care of patients.

There are no changes of assistants to announce this year.

My thanks are specially due the Board of Medical Visitors, who have so kindly and promptly discharged their duties in connection with the Retreat.

Their coöperation and suggestions have been most valuable, and their interest in all that pertains to the welfare of the patients and the general condition of the Retreat has never been more appreciative than during the past year.

Our Chaplain, the Rev. Wm. A. Thompson, D.D., has

passed through a long and serious illness during the winter, and I am happy to congratulate your Board and him upon the prospect of a speedy return to active duty again.

In conclusion, I hereby desire to express my high appreciation of the uniform kindness and courtesy you have always shown towards me as a Board, during the past five years. I would further express the hope that the pleasant relations hitherto existing may continue, and that the prosperity which has attended the institution during the last five years may still favor it. Commending the institution, and all its interests and those who have the care of it, to the guidance of a favoring Providence, I close this report.

H. P. STEARNS.

HARTFORD, March 31, 1879.



# APPENDIX.

## TABLE I.

MOVEMENT OF THE POPULATION.

	Males.	Females.	Total.
Number at the beginning of the year, - -	60	72	132
Admitted in the year, - - - - -	33	45	78
Total present in the year, - - - - -	93	117	210
Daily average for the year, - - - - -	56	74	130
Discharged—Recovered, - - - - -	9	16	25
Much improved, - - - - -	2	3	5
Improved, - - - - -	4	4	8
Stationary, - - - - -	7	13	20
Died, - - - - -	12	6	18
Total discharged in the year, - - - - -	34	42	76
Remaining at the end of the year, - -	59	75	134

## TABLE II.

NUMBER OF ATTACKS IN THOSE ADMITTED.

	WITHIN THE YEAR.			SINCE APRIL 1, 1845.		
	Males.	Females	Total.	Males.	Females.	Total.
First, - - - - -	19	28	47	1245	1547	2792
Second, - - - - -	5	8	13	285	434	719
Third, - - - - -	4	2	6	102	146	248
Fourth, - - - - -	..	1	1	44	82	126
Fifth, - - - - -	..	..	..	22	51	73
Sixth, - - - - -	..	..	..	20	28	48
Seventh, - - - - -	..	..	..	10	19	29
Eighth, - - - - -	..	..	..	5	11	16
Ninth, - - - - -	..	..	..	2	6	8
Tenth, - - - - -	..	..	..	2	2	4
Eleventh, - - - - -	..	..	..	1	1	2
Twelfth, - - - - -	..	..	..	1	2	3
More than twelve, - - - - -	..	..	..	..	6	6
Several, - - - - -	5	6	11	171	130	301
Unknown, - - - - -	..	..	..	123	115	238
Total, - - - - -	33	45	78	2033	2580	4613



TABLE III.  
NUMBER AT EACH AGE WHEN ADMITTED.

	IN THE YEAR.			SINCE APRIL 1, 1844.		
	Males.	Females.	Total.	Males.	Females.	Total.
Under 15 years, - -	..	..	..	15	10	25
15 to 20 years, - -	2	2	4	133	132	265
20 to 25 years, - -	4	5	9	279	331	610
25 to 30 years, - -	..	5	5	244	366	610
30 to 35 years, - -	3	7	10	260	346	606
35 to 40 years, - -	3	5	8	236	321	557
40 to 45 years, - -	2	4	6	223	293	516
45 to 50 years, - -	2	5	7	173	229	402
50 to 60 years, - -	9	8	17	277	350	627
60 to 70 years, - -	5	2	7	156	180	336
70 to 80 years, - -	3	2	5	75	44	119
Over 80 years, - -	..	..	..	8	8	16
Unknown, - -	..	..	..	12	17	29
Total, - - -	33	45	78	2091	2627	4718

TABLE IV.  
DURATION OF INSANITY BEFORE ENTRANCE OF THOSE ADMITTED.

	IN THE YEAR.			SINCE APRIL 1, 1844.		
	Males.	Females.	Total.	Males.	Females.	Total.
Less than 1 month, -	6	10	16	475	652	1127
1 to 3 months, - -	12	5	17	404	539	943
3 to 6 months, - -	4	8	12	279	353	632
6 to 9 months, - -	2	3	5	144	174	318
9 to 12 months, - -	..	1	1	78	80	158
12 to 18 months, - -	2	4	6	113	140	253
18 to 24 months, - -	..	..	..	77	59	136
2 to 3 years, - -	1	5	6	132	149	281
3 to 5 years, - -	3	4	7	104	137	241
5 to 10 years, - -	2	3	5	120	133	253
10 to 15 years, - -	..	2	2	38	51	89
15 to 20 years, - -	1	..	1	32	41	73
20 to 25 years, - -	..	..	..	12	28	40
25 to 30 years, - -	..	..	..	2	4	6
30 and over, - -	..	..	..	4	2	6
Unknown, - -	..	..	..	76	83	159
Not insane, - -	..	..	..	1	2	3
Total, - - -	33	45	78	2091	2627	4718



TABLE V.

CIVIL CONDITION OF THOSE ADMITTED.

	IN THE YEAR.			SINCE APRIL 1, 1843.		
	Males.	Females.	Total.	Males.	Females.	Total.
Single, - - -	12	15	27	1097	1124	2221
Married, - - -	19	24	43	1012	1247	2259
Widowed, - - -	2	6	8	116	349	465
Divorced, - - -	..	..	..	4	9	13
Unknown, - - -	..	..	..	3	7	10
Total, - - -	33	45	78	2232	2736	4968

TABLE VI.

FORM OF DISEASE IN THOSE ADMITTED.

	IN THE YEAR.			SINCE APRIL 1, 1869.		
	Males.	Females.	Total.	Males.	Females.	Total.
Mania Acute, - -	7	6	13	122	128	250
Mania Chronic, - -	5	12	17	79	125	204
Mania Epileptic, - -	1	2	3	12	7	19
Mania Puerperal, - -	..	2	2	..	37	37
Mania Suicidal, - -	..	..	..	..	2	2
Mania Homicidal, - -	..	..	..	2	1	3
Mania Periodical, - -	5	4	9	22	28	50
Melancholia Acute, -	9	10	19	83	88	171
Melancholia Chronic, -	..	1	1	43	61	104
Melancholia Attonita, -	..	..	..	..	4	4
General Paresis, - -	..	..	..	20	3	23
Methomania, - -	3	2	5	60	16	76
Dementia Acute, - -	..	1	1	7	4	11
Dementia Chronic, - -	..	3	3	19	14	33
Dementia Scnile, - -	3	1	4	9	6	15
Imbecility, - - -	..	..	..	3	..	3
Moral Insanity, - - -	..	1	1	5	2	8
Not Insane, - - -	..	..	..	1	2	3
Unknown, - - -	..	..	..	2	1	3
Total, - - -	33	45	78	489	529	1018

TABLE VII.

DEATHS AND THE CAUSES.

	IN THE YEAR.			SINCE APRIL 1, 1869.		
	Males.	Females.	Total.	Males.	Females.	Total.
Apoplexy, - - -	..	1	1	3	6	9
Abscess, - - -	..	..	..	..	1	1
Brain Disease, organic,	1	..	1	6	1	7
Bright's Disease, -	..	..	..	1	1	2
Epithelioma, - -	..	..	..	..	1	1
General Parcsis, -	2	..	2	22	3	25
Heart Disease, - -	..	..	..	1	..	1
Acute Mania Exhaustion, - - -	2	..	2	11	16	27
Chronic Mania Exhaustion, - - -	1	1	2	13	12	25
Puerperal Mania Exhaustion, - - -	..	..	..	..	6	6
Marasmus, - - -	..	..	..	..	1	1
Melancholia, - - -	..	..	..	2	2	4
Meningitis, - - -	1	..	1	2	1	3
Paralysis, - - -	..	3	3	3	6	9
Phthisis, - - -	1	1	2	1	5	6
Prostatitis, - - -	..	..	..	1	..	1
Rheumatic Fever, -	..	..	..	1	..	1
Accident, Railroad, -	..	..	..	1	..	1
Senile Decay, - -	3	..	3	9	4	13
Suicide, - - -	..	..	..	4	2	6
Typhoid Fever, - -	..	..	..	1	..	1
Typhomania, - - -	..	..	..	1	2	3
Uremia, - - -	1	..	1	1	..	1
Undetermined, - -	..	..	..	..	2	2
Total, - - -	12	6	18	84	72	156

TABLE VIII.

AGES AT DEATH.

	IN THE YEAR.			SINCE APRIL 1, 1869.		
	Males.	Females.	Total.	Males.	Females.	Total.
Under 15 years, - -	..	..	..	..	..	..
15 to 20 years, - -	..	..	..	1	1	2
20 to 25 years, - -	..	..	..	2	2	4
25 to 30 years, - -	..	..	..	6	6	12
30 to 35 years, - -	1	..	1	4	6	10
35 to 40 years, - -	1	1	2	11	10	21
40 to 45 years, - -	4	1	5	13	7	20
45 to 50 years, - -	1	..	1	6	9	15
50 to 60 years, - -	1	1	2	16	15	31
60 to 70 years, - -	..	1	1	10	8	18
70 to 80 years, - -	4	1	5	14	7	21
Over 80 years, - -	..	1	1	1	1	2
Total, - -	12	6	18	84	72	156

TABLE IX.

OPERATIONS OF THE HOSPITAL FROM THE BEGINNING IN EACH YEAR.

YEAR.	ADMITTED.			DISCHARGED.												Daily Average Number.	
				Recovered.			Improved.			Stationary.			Died.				
	M.	F.	Tot.	M.	F.	Tot.	M.	F.	Tot.	M.	F.	Tot.	M.	F.	Tot.		Total.
1824-5			44			10										1	
1825-6			33			16										1	
1826-7			37			24										0	
1827-8			40			27										4	
1828-9			42			26										2	
1829-30			51			28										0	
1830-1			53			32										1	
1831-2			80			46										6	
1832-3			68			37										4	
1833-4			72			43										3	
1834-5			72			36										6	
1835-6			73			42										6	
1836-7			91			55										6	
1837-8			67			42										10	
1838-9			94			49										8	
1839-40			84			50										2	
1840-1			67			38										9	
Total.									231			92					
1841-2	45	51	96	27	29	56	6	10	16	6	3	9	6	2	8		
1842-3	50	33	83	26	19	45	11	13	24				4	3	7		
1843-4	51	29	80	26	18	44	26	17	33				5	4	9		84
1844-5	56	49	105	23	22	45	13	7	20	7	2	9	7	4	11		97
1845-6	56	72	128	24	36	55	17	15	32	9	3	12	5	11	16		121
1846-7	50	61	111	16	40	56	22	13	35	1	6	7	8	3	11		127
1847-8	39	54	93	12	28	40	13	11	24	7	6	13	4	8	12		127
1848-9	49	84	133	20	50	70	8	15	23	12	5	17	7	5	12		141
1849-50	60	75	135	17	47	64	11	13	24	3	4	7	17	13	30		143
1850-1	56	72	128	25	34	59	15	11	26	8	6	14	9	6	15		151
1851-2	68	90	158	26	42	68	10	12	22	7	15	22	9	13	22		168
1852-3	66	74	140	32	32	64	18	22	40	13	13	26	10	11	21		179
1853-4	74	103	177	22	42	64	16	26	42	14	19	33	13	9	22		180
1854-5	69	100	169	26	47	73	20	18	38	18	16	34	9	8	17		185
1855-6	70	87	157	18	41	59	17	28	45	10	13	23	12	14	26		187
1856-7	73	88	161	34	37	71	19	26	45	14	8	22	5	9	14		204
1857-8	67	77	144	16	32	48	22	15	37	20	22	42	6	9	15		199
1858-9	63	78	141	25	36	61	11	23	34	17	12	29	7	3	10		216
1859-60	80	88	168	34	36	70	22	15	37	11	18	29	9	11	20		219
1860-1	66	98	164	28	47	75	17	37	54	16	11	27	5	4	9		225
1861-2	79	92	171	29	42	71	32	28	60	15	13	28	7	10	17		222
1862-3	79	91	170	32	40	72	20	25	45	6	9	15	14	14	28		222
1863-4	60	83	143	26	46	72	15	22	37	3	10	13	11	10	21		228
1864-5	74	81	155	27	30	57	21	24	45	11	8	19	13	14	27		255
1865-6	69	96	165	20	42	62	17	31	48	14	8	22	12	14	26		233
1866-7	67	115	182	29	61	90	21	26	47	10	11	21	15	14	29		238
1867-8	72	101	173	30	42	72	23	41	64	7	7	14	6	11	17		241
1868-9	39	90	129	15	45	60	25	43	68	46	49	95	7	10	17		188
1869-70	62	61	123	18	23	41	21	26	47	9	2	11	14	11	25		137
1870-1	63	80	143	16	30	46	22	17	39	9	5	14	9	12	21		151
1871-2	58	57	115	30	26	56	24	20	44	5	5	10	9	15	54		147
1872-3	61	53	114	24	21	45	11	19	30	10	9	19	8	2	10		143
1873-4	54	29	83	18	13	31	22	19	41	14	13	27	6	5	11		132
1874-5	31	47	78	22	9	31	8	4	12	9	5	14	8	4	12		124
1875-6	42	61	103	19	23	42	4	15	19	4	19	23	0	9	9		132
1876-7	45	47	92	16	17	33	12	11	23	10	17	27	9	2	11		137
1877-8	41	48	89	17	17	34	5	15	20	11	12	26	9	6	15		131
1878-9	33	45	78	9	16	25	6	7	13	7	13	20	12	6	18		130

ADMISSION OF PATIENTS  
INTO THE  
RETREAT FOR THE INSANE AT HARTFORD.

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No patient admitted for a shorter time than three months; and payment for *that term only* is to be made in *advance to the Steward or Treasurer*.

Subsequent expenses are to be paid quarterly to the *Steward*.

If the patient is removed *uncured* before the expiration of thirteen weeks, and contrary to the advice and consent of the Superintending Physician, board is always required for that period; but if the patient recovers before the expiration of the period paid for, or leaves with the full approbation of the physician, the excess is refunded.

Letters relating to the quarterly bills and clothing should be addressed to Rev. G. E. SANBORNE, the Steward. Clothing and packages sent for the use of the inmates should be sent to the care of the Steward.

All letters in relation to the situation and health of the patients, etc., will, of course, be addressed to Dr. HENRY P. STEARNS, the Superintendent.

Application for admission should be made to Dr. Stearns, Superintendent, *previous to the patient's being brought to the Retreat*, in all cases. A brief statement of the case should accompany the application.

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[*Extracts from the Law passed at the last (1869) Session of the Legislature.*]

“SECTION 1. Any lunatic or distracted person may be placed in a hospital, asylum, or retreat for the insane, or other suitable place of detention, either public or private, by his or her legal guardian, or relatives or friends in case of no guardian; but in no case without the certificate of one or more reputable physicians, after a personal examination made within one week of the date thereof, which certificate shall be duly acknowledged before some magistrate or other officer authorized to administer oaths, or to take the acknowledgment of deeds in the State where given, who shall certify to the genuineness of the signature, and to the respectability of the signer.”

*Form of Certificate and Request, which the friends and patients are requested to present with the application for admission.*

### REQUEST FOR ADMISSION.

(To be signed by a guardian, near relative, or friend.)

I request that M———, of———, may be admitted as a patient into the Retreat for the Insane. \_\_\_\_\_  
\_\_\_\_\_, 187 .

### CERTIFICATE OF PHYSICIAN.

I hereby certify that I have, within one week of this date, made personal examination of M———, of———, and believe h—to be insane.  
\_\_\_\_\_

Subscribed, sworn to, and duly acknowledged by the said——— before the subscribing authority———, of———, and I do hereby certify that the subscriber to the above certificate is a respectable physician, and his signature above is genuine. \_\_\_\_\_  
\_\_\_\_\_, 187 .

### FORM OF BOND.

Upon the admission of ———, of ———, into the RETREAT FOR THE INSANE, at Hartford, I engage to provide or pay for a sufficiency of clothing for——— use, and to pay to the Treasurer of the said Institution ——— dollars per week for board, medicine, and medical attendance; and also to pay the expense of a separate attendant, if the Superintendent shall deem one necessary; to make compensation for all damage done by ——— to the property of the Retreat; to pay reasonable expenses for pursuing in case of elopement; cause the said patient to be removed when discharged; and in event of death, to pay the expenses of burial.

\_\_\_\_\_, *Principal.*

For the value received, I hereby engage to be responsible for the fulfillment of the above stipulations.

\_\_\_\_\_, *Surety.*

HARTFORD, CONN., \_\_\_\_\_, 187 .

Approved by \_\_\_\_\_

## FORM OF BEQUEST.

ITEM. I give and bequeath to the PRESIDENT AND DIRECTORS OF THE RETREAT FOR THE INSANE, in the city of Hartford, the sum of ————dollars, to be paid by my executors out of my real and personal estate, as soon as the settlement of my affairs will permit, to the Treasurer of the said Institution, for the time being, in trust, to be applied by the Directors thereof to the humane purposes of said Institution.

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## VISITORS.

The Managers of the Institution, aware of the interest generally felt in its prosperity, which is naturally connected with a desire to visit its inmates and inspect its internal arrangements, are convinced that the welfare of the patients and the duties of its officers require that such visitations should be subject to the following regulations :

I. The Institution will be open for visitors (Sundays excepted) from two to four o'clock in the afternoon.

II. All visitors, except persons having business at the Retreat, will be required to provide themselves with tickets for admission from the Managers or the Treasurer, either of whom will grant the same, unless their knowledge of circumstances make it, in their judgment, necessary to refuse.

## MANAGERS.

WM. R. CONE, Ætna Bank.

CALVIN DAY, 55 Spring street.

G. W. RUSSELL, 490 Main street.

## TREASURER.

THOMAS SISSON, 259 Main street.

